PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number

11/07/11/01

| Γ | | CLAIMS | AS FILED | - PART | <u> </u> | | | | , | 31 | 4421 | |
|--|---|---|--|-------------------------------------|-------------|------------------------------------|-----|---------------------|------------------------|--------------|-----------------------------------|------------------------|
| (Column 1) | | | | | | (Column 2) | | SMALL EN | ΠΥ | OR | | R THAN ENTITY |
| U.S. NATIONAL STAGE FEES | | | | | | | 1 | RATE | FEE | 7 | RATE | FEE |
| BA | SIC FEE | | SMALL EN | IT. = \$ 150 | LÀF | IGE ENT. = \$ 800 | | BASIC FEE | 1 | OR | | - |
| EXAMINATION FEE | | | Satisfies PCT . (4) = \$ 6 | Article \$3(1)- | | other situations = \$ 100 / \$ 200 | | EXAM. FEE | | ┨┈ | | 3006 |
| SEARCH FEE | | | U.S. is ISA = ALL other o \$ 200 / | \$ 50 / \$ 100 ountries = | All | other eltuations = \$ 250 / \$ 500 | | SEARCH FEE | | 1 | EXAM. FEE SEARCH FEE | Ywli |
| FEE FOR EXTRA SPEC. PGS. | | | | nus 100 = | | / 50 ≐ | | X \$ 125 = | ļ. <u></u> | \mathbf{I} | | - |
| 10. | TAL CHARGE | ABLE CLAIMS | / n | ninus 20 = | * | | | X \$ 25 = | | - | X \$ 250 = | ļ |
| IND | EPENDENT C | CLAIMS | - <i>!</i> | minus 3 = | | | | | | OR | X \$ 50 = | |
| MU | TIPLE DEPE | NDENT CLAIM PF | | | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| • | | | | | <u> </u> | | | + \$ 180 = | • | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 9000 |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | SMALL E | NTITY | OR | OTHER SMALL : | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMB PREVIO PAID F | IER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | _ * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | <u> </u> | Minus | *** | | = . | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRE | SENTATION OF N | MULTIPLE DEF | ENDENT C | LAIM | | ľ | + \$ 180 = | | OR | + \$ 360 = | , , , _ |
| • | | | | | | | · L | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. | |
| | | (Column 1) | **** | (Colum | n 2) | (Column 3) | | | | | | |
| X | | CLAIMS REMAINING · AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID F | er Jsly | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | 1 | ſ | X \$ 26 = | | OR | X \$ 50 ≈ | |
| | Independent | | Minus | *** | | = | t | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ŀ | + \$ 180 = | | OR | | |
| • | | | | | | Lineal . | Ļ | OTAL ADDIT. FEE | | L | + \$ 360 = TOTAL ADDIT. FEE | |
| | | | | • | • | | - | | | | | |
| * | If the entry in onl | human d la lann diene de | | | | | | | | | | |

an the entry in column 2, write "0" in column 3. .

^{##} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{###} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.